

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

164

Women's Campaign Fund

Name (print) 734 15th Street, NW Washington DC 20005 Office (if applicable)

District (if applicable)

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004

Period: January 1, 2003 - December 31, 2003

☒ Report #1 - Due August 31, 2004

Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
All others Period: Jan. 1, 2004 - Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004

Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*

Period: Oct. 22, 2004 - Dec. 31, 2004

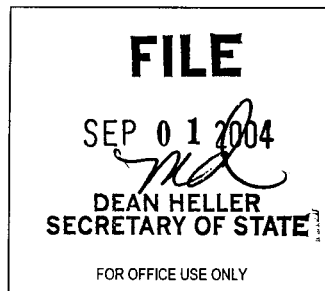
BAGs only:

Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005

Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY		This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
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1. Total Monetary Contributions Received in Excess of \$100	100.00	100.00
2. Total Monetary Contributions Received of \$100 or Less	245.00	245.00

This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
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3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	345.00	345.00
4. Total Value of In Kind Contributions Received in Excess of \$100	0	0

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100	0	0
6. Total Monetary Expenses Paid of \$100 or Less	0	0
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	0	0
8. Total Value of In Kind Expenses in Excess of \$100	0	0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature *Don Medalia*

Date 9/31/04

Women's Campaign Fund

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

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Women's Campaign Fund

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 13 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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